

LETTERS TO THE EDITOR

LATERAL CAVAL FLAP REPAIR OF ADULT SINUS VENOSUS ATRIAL SEPTAL DEFECT: A NATURAL NOVEL APPROACH**To the Editor:**

We read with great interest the contribution by Bajwa and colleagues¹ describing a novel technique for the correction of sinus venosus atrial septal defect with a superior vena caval wall flap. By using this technique, Bajwa and colleagues¹ avoided the use of any synthetic material to close the defect and, as stressed by them, exposure of the left atrium to a nonendothelialized superior vena caval patch. Their accumulated experience in a decade includes 32 patients with a mean age of 48 years and with a mean follow-up of 60 months. Moreover, there were no significant atrial arrhythmias, and there was no need for pacemaker implantation. This is good news when addressing the subset of patients described by Bajwa and colleagues.¹

Even as we congratulate the authors, we would like to discuss the term *novel* as used in the title of this contribution. Our former group described a similar technique forty years ago in this very *Journal*,² addressing the correction of partial anomalous pulmonary venous drainage. This technique was referred to in a subsequent review.³ In this earlier contribution, the technique was used for the correction of 3 types of defect: anomalous pulmonary veins draining in the right atrium, anomalous pulmonary

veins draining in the superior vena cava, and anomalous pulmonary veins draining into the inferior vena cava. Nine patients were initially reported on, and we have repeatedly used this approach in the past decades. The analysis of the figures of both contributions confirms a number of similarities. The conclusions from our earlier work addressed this repair on the same path of simplicity, avoidance of prosthetic material, and offering the left atrium a smooth nonendothelialized surface, trying to avoid embolic phenomena and eventual retraction.

We agree with Bajwa and colleagues¹ that this technique provides a simple solution, especially for the adult population.

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Reply to the Editor:

We are embarrassed that we failed to find and reference an article that

first described the technique for repair of sinus venosus atrial septal defect. We thank Drs Mestres, Murtra, and Revuelta for reminding us of their prior work. We acknowledge that the title of our article should have been "Lateral Caval Flap Repair of Adult Sinus Venosus Atrial Septal Defect: Rediscovery of the Puig-Massana-Murtra-Revuelta Approach." Equally important is that their letter confirms the validity of the concept and the simplicity and efficiency of the technique.

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ENDOSCOPIC AND ULTRASONOGRAPHIC BIOPSY OF PARA-AORTIC MEDIASTINAL LYMPH NODES: A WORD OF CAUTION**To the Editor:**

We read with interest the article by Liberman and colleagues¹ presenting a new technique of endoscopic and ultrasonographic access for para-aortic (station 6) mediastinal lymph nodes. In recent years, the advent of ultrasonographic-endoscopic technology has opened fascinating opportunities for aspiration and biopsy of mediastinal lymph nodes through both the esophagus and the trachea, containing the invasiveness for the patients.²⁻⁴ Currently, all mediastinal lymph nodes station excluding the para-aortic (station 6) are accessible by endoscopic or endobronchial ultrasonography. In 2007, Wallace and associates⁵ proposed a transaortic method to reach mediastinal lymph

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